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Bib Data Sheet

CONFIRMATION NO. 3675

<b>SERIAL NUMBER</b> 09/461,336	<b>FILING DATE</b> 12/15/1999 <b>RULE</b>	<b>CLASS</b> XXX	<b>GROUP ART UNIT</b> 3627	<b>ATTORNEY DOCKET NO.</b> 23632-002	
<b>APPLICANTS</b> DAZHI CHEN, SAN JOSE, CA; ELAYNA BEREAN, SAN FRANCISCO, CA; MAYANK PATEL, MOUNTAIN VIEW, CA;					
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/28/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 132	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 29315					
<b>TITLE</b> SYSTEM AND METHOD FOR REDUCING EXCESS CAPACITY FOR RESTAURANTS AND OTHER INDUSTRIES DURING OFF-PEAK OR OTHER TIMES					
<b>FILING FEE RECEIVED</b> 3215	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/461,336	FILING DATE 12/15/99	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. 56803.000002
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**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

BJ None

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

BJ None

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

BJ None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/28/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 132	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>BJ</u> Examiner's Initials Initials					

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TITLE SYSTEM AND METHOD FOR REDUCING EXCESS CAPACITY FOR RESTUARANTS AND OTHER INDUSTRIES DURING OFF-PEAK OR OTHER TIMES

FILING FEE RECEIVED \$2,984	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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